

2016 FINANCIAL ASSISTANCE APPLICATION

Authorization for Release of Financial Information

PLEASE CAREFULLY READ THE FOLLOWING INFORMATION.

- A limited number of partial scholarships are available to those who qualify.
- To qualify, the child/family must participate in the National School Lunch Program/School Breakfast Program or receive food stamps or aid for dependent children. You must attach documentation.
- Your financial aid request must be made at least 2 weeks prior to the start of the program you wish your child to attend.
- Scholarships are awarded on a first come, first served basis.
- NO MORE THAN ONE SCHOLARSHIP PER CHILD WILL BE AWARDED.
- Use one form per family.

Name of person makin	ng the request		
Relationship to the chi	ld:		
Street Address			
City	State	Zip	_ Telephone Number()
Email			
Name of Child		Birth Date	Program this is for (Course #)
			Program this is for (Course #)
Name of 3 rd Child		Birth Date	Program this is for (Course #)
Total number of childs	ren in the household un	der the age of 18?	Number of adults?
Employer			Telephone number ()
Spouse's Employer			Telephone number ()
Monthly take home pa	ay (before taxes) \$	Spouse's mont	nly take home pay (before taxes) \$
All other Income/Payr	ments/Interest/Dividend	s:	
Child Support		Unemployme	nt
Please briefly describe	e your personal circums	tances. All information wi	Il remain confidential.
		<u> </u>	
	hereby authorize my employe thorization for release of info		g my salary, to Skyhawks Sports Academy. A copy of this application with my
Signature			Date

Mail form to:

Skyhawks Sports Academy 9425 N Nevada St, #210 Spokane. WA 99218 Do <u>NOT</u> mail your camp registration form in with this scholarship application.

You must attach documentation that shows the child(ren) participate in the school lunch program or receive food stamps or aid for dependant children.

Please allow 2 weeks to process your request for financial aid.